, , , , , , , , , , , , , , , , , , ,			-					
		PART B	- FEE(S)	TRANSMITTAL				
•	plete and send this form, together with applicable fee(s), to: Mail MAR 1 4 2005 a or Fax			Commissioner P.O. Box 1450 Alexandria, Vi Fax (703) 746-4000	Alexandria, Virginia 22313-1450 (703) 746-4000			
INSTRUCTIONS: This for appropriate. All further continuous corrected maintenance fee notification	rm should be used for tran trespondence including the below or directed at the below of the control of of	stiffting the ISSU aftent, advance or in Block 1, by (a	E FEE and ders and not) specifying	PUBLICATION FEE (if re ification of maintenance fee: a new correspondence addre	quired). Blocks s will be mailed sss; and/or (b) in	1 through 5 st to the current dicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
•	TE ADDRESS (Note: Use Block 1 for 590 12/30/2004	any change of address)		Fee(s) Transmittal.	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
HUMAN GENOME SCIENCES INC INTELLECTUAL PROPERTY DEPT. 14200 SHADY GROVE ROAD ROCKVILLE, MD 20850			I S a t		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
ROCK VIELE, WE						(Depositor's name)		
						(Signature)		
		•					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
09/499,468		Ralph Alderson		PF1	12U1	1320		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$1400 \$0		\$1	400	03/30/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
LANDSMAN, ROBERT S		1647		435-069100				
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02	Correspondence	(1) the na or agents (2) the na registered 2 registered	nting on the patent front page mes of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the n ed patent attorneys or agents. name will be printed.	tent attorneys as a member a	1 HUMAN (INC. 2	GENOME SCIENCES		
Number is required.	RESIDENCE DATA TO B	E DDINITED ON T			-			
PLEASE NOTE: Unless		low, no assignee	data will app	ear on the patent. If an assi	ignee is identifie	d below, the d	ocument has been filed for	
(A) NAME OF ASSIGN	EĒ	(B) RESIDENC	CE: (CITY and STATE OR C	OUNTRY)			
HUMAN GEN	OME SCIENCES,	INC.	ROCKV	/ILLE, MD				
	e assignee category or catego				Corporation or o	other private gro	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of					
Issue Fee	mall entity discount permitte	νd).		in the amount of the fee(s) is by credit card. Form PTO-20				
Publication Fee (No s		·u)		by credit card. Form F1O-20		.:		

Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 98/16/2885/JORDIZ-(78888885 983425

09499468

Typed or printed name Melissa J. Pytel

Registration No. _ 41,512

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefet by the both which is the both which which which which which is the both which wh

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.